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CONFIRMATION NO. 4051

Bib Data Sheet

SERIAL NUMBER 10/642,854	FILING OR 371(c) DATE 08/18/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. PGST0001/MRK
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APPLICANTS

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One *PD*

** CONTINUING DATA *****

No *PD*

** FOREIGN APPLICATIONS *****

No *PD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 11/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i>				
Verified and Acknowledged	<i>Philip D. Gaster</i> Examiner's Signature	<i>PD</i> Initials			

ADDRESS

29524

TITLE

Apparatus and methods for transportable medical fluid administration

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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